

Dear Members of the Appropriations Committee:

My name is Dr. Kathleen O'Neill and I live in *Stratford, Connecticut*. I stand in support of fully funding community violence intervention programs in the proposed FY 24-25 Budget for Health Agencies.

I am a physician in general surgery that also does research on violence prevention. When I was a first-year resident, I was working an overnight shift at Bridgeport when a 16-year-old boy was brought in after having been shot in the abdomen. It was my job to examine him and assess for life-threatening injuries. In addition to gunshot wounds, he had some scars on his abdomen that I asked him about. He told me that he had been shot two years prior. At the age of 16, this young person had already been seriously injured as a victim of violence, a gunshot wound victim, twice. When he was discharged from the hospital a few days later. I asked our social workers and case management at the hospital about whether there were any services we could offer him. He had post-traumatic stress symptoms from his now second gunshot wound. He was being discharged right back into the community, living on the same block where he had been shot. He needed extra support, counseling, and other services to help him adjust back to normal life after going through such a trauma. Unfortunately, our hospital didn't have much in way of support once he was discharged. I'm not really sure how he fared once he left the hospital.

This experience and many others in my clinical years inspired me to dedicate time into researching violence prevention. That is where I learned about effective violence prevention services like those staffed by Violence Prevention Professionals. These programs help victims of violence that need extra support. Violence Prevention Professionals ensure that the patients saved by our medical and surgical teams in the hospital get the rest of the care and services that they need so that they don't end up injured again. Right now, we discharge victims of violence from the hospital when they are really only half-healed. The mental and social wellbeing of these patients need as much attention and care as the surgical interventions that we provide in order to truly save their lives. This cannot happen if we do not properly fund their work.

My final point has to do with research I am actively conducting in the state of Connecticut. Using trauma registry data from major trauma centers in Connecticut, our analyses suggest that violence related trauma increased by 55% during the COVID-19 pandemic and these increases occurred most devastatingly in the most vulnerable communities in our state. This data suggests that violence prevention continues to be a key component of COVID-19 relief. The social and economic disruption that accompanied the COVID-19 pandemic has left our communities vulnerable to increased violence-related trauma. Properly funding our community violence intervention programs is one way to ensure that the Violence Prevention Professionals will have the resources they need to continue their important work and provide Connecticut communities devastated by COVID-19 with needed relief.

I strongly support fully funding community violence intervention programs in the proposed FY 24-25 Budget for Health Agencies. I hope the Committee and Connecticut lawmakers will make this a reality by allocating the funds we need to properly take care of victims of violence.

Thank you for your time,  
*Kathleen O'Neill, MD PhD*